Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Inange in C	company's premium or rate lev	el produced by rate revision effective	3/17/2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
	<u> </u>	Totalina (illinoise)	
	bile Liability Private		
	senger Commercial _	0	
	bile Physical Damage		
	ate Passenger Commercial _	0	
	Other Than Auto	590,968	-21.9%
	and Theft _	0	
5. Glass	_	0	
6. Fidelity			
7. Surety		0	
3. Boiler a	nd Machinery	0	
9. Fire	-	0	
	ed Coverage	0	
11. Inland N		0	
12. Homeov		0	0.0%
	rcial Multi-Peril _	209,069	0.0%
14. Crop Ha		0	
15. Other _	Line of Insurance	U	
Brief descri	ption of filing. (If filing follo Casualty Company ("CNA") p	erritories) or certain classes? If so, specified we rates of an advisory organization, roposes a number of rate/rule changes to enclosed actuarial memorandum.	specify organization): With this filing, o its Dental Professional Program. The
	reflect all prior rate changes. Company's premium level wh	nich will result from application of new rate	ental Casualty Company
		-	Name of Company
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		onzo - State Filing Analsyt Official - Title
	APR 1 4 2009		
	SPRINGFIELD, ILLINOIS	3	

FILING # 08- RZZZO REV